**1/16**

100

116

**Back-End Interface**

112

**Database Server**

110

**Web Server**

114

**Application Processing
Server**

120

118

108

**Internet**

**Third Party System**

102

**Customer Device**

104

**Customer Device**

106

**Customer Device**

*Fig.1.*

## 2/16

*114*

**Network Interface** — *134*

**Display** — *136*

*130* — **Processing Unit**

*132*

**Memory**

| Operating System | *138* |

| Application Processing Engine | *140* |

| Application Form Database | *142* |

| Rate Class Calculator | *144* |

| Policy Premium Calculator | *146* |

| Underwriter Communications Interface | *148* |

| Third Party Communications Interface | *150* |

| TIC / TIA Generator | *152* |

## *Fig.2.*

3/16

XYZLIFE INSURANCE - MICROSOFT INTERNET EXPLORER

FILE   EDIT   VIEW   FAVORITES   TOOLS   HELP

BACK   FORWARD   STOP   REFRESH   HOME   SEARCH   FAVORITES   HISTORY   MAIL   SIZE   PRINT

LINKS »   ADDRESS   HTTP://WWW.XYZLIFE.COM   GO

160

162

XYZLIFE UNIVERSAL LIFE QUOTE

INSURED

Insurance Amount     $ 250,000   ($25,000 minimum)

Application State     WASHINGTON

164

Gender     ⊙ Male     ○ Female

Age     ⊙ Current Age   35
        ○ Birthdate

Rate Class     ⊙ Standard Nonsmoker     ○ Standard Smoker

Additional Term Rider?

170

166

168
Rate Class
Calculator

Get Quote     172

FIG.3.

4/16

XYZLIFE INSURANCE - MICROSOFT INTERNET EXPLORER

FILE   EDIT   VIEW   FAVORITES   TOOLS   HELP

BACK   FORWARD   STOP   REFRESH   HOME   SEARCH   FAVORITES   HISTORY   MAIL   SIZE   PRINT

LINKS »  ADDRESS  HTTP://WWW.XYZLIFE.COM   GO

QUOTE RESULTS   180

The target premium is based upon the following:   182

- $250,000 insurance amount
- Male, age 35
- WASHINGTON
- Standard Nonsmoker Rates

This quote includes an Additional Term Rider – click for details.   184

188   Recalculate Quote

| | |
|---|---|
| Monthly Premium | $51.19 |
| Quarterly Premium | $153.57 |
| Semi-Annual Premium | $307.14 |
| Annual Premium | $614.28 |

186

190   Illustrate

192   Apply   Illustrate this Quote   Apply Now

FIG.4.

Title: ONLINE SYSTEM AND METHOD FOR PROCESSING
LIFE INSURANCE APPLICATIONS
Inventors:     J.V. Davies et al.
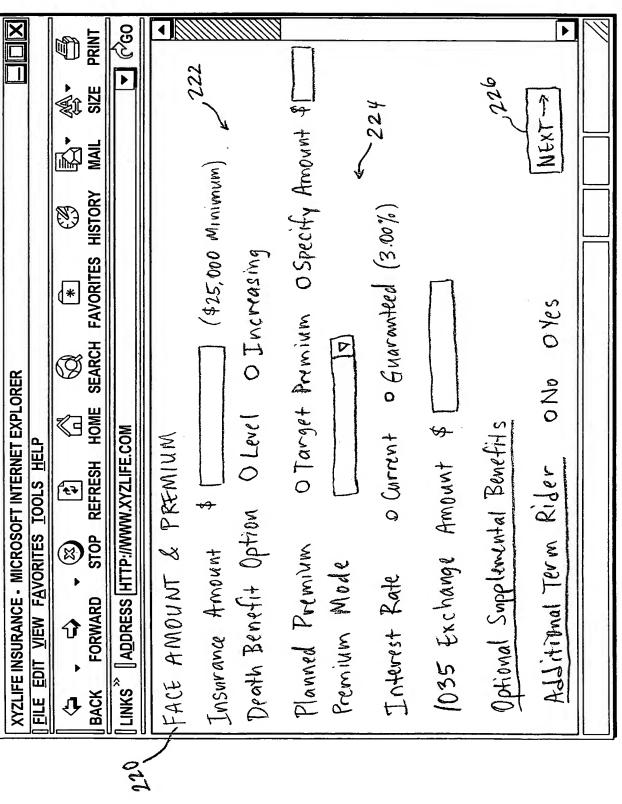Docket No.:    SAFCS121711

5 / 16

*FIG.5.*

6 / 16


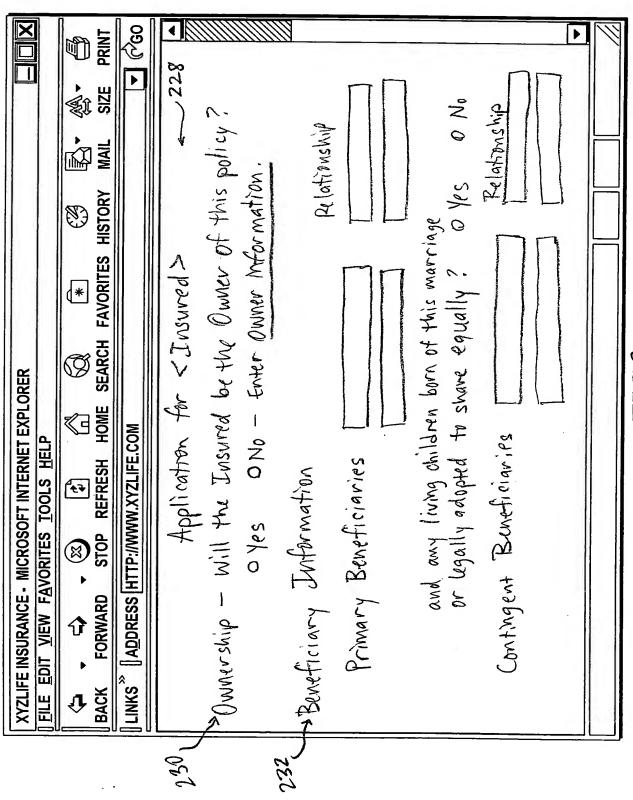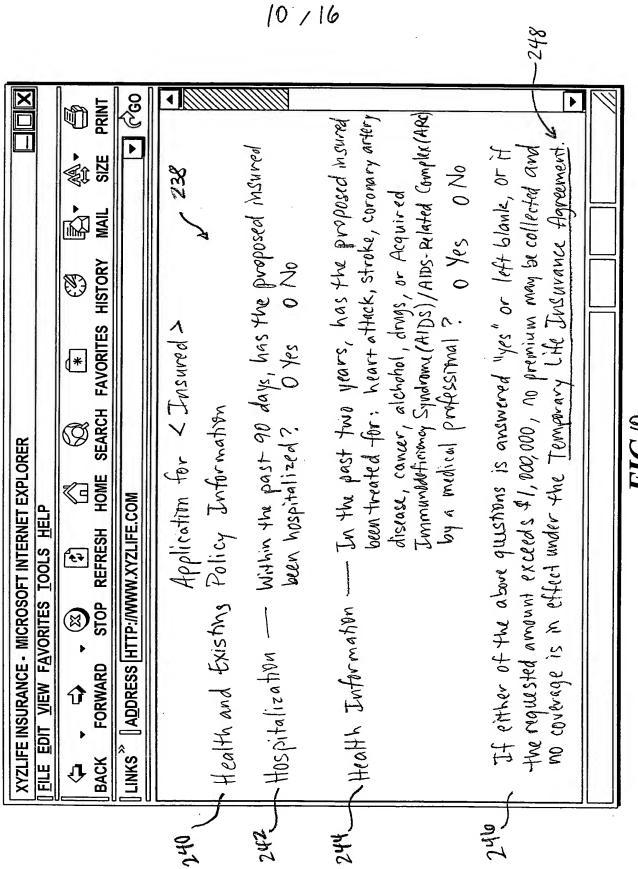
FIG.6.

Title: ONLINE SYSTEM AND METHOD FOR PROCESSING
LIFE INSURANCE APPLICATIONS
Inventors: J.V. Davies et al.
Docket No.: SAFCS121711

7 / 16

*FIG.7.*

Title: ONLINE SYSTEM AND METHOD FOR PROCESSING
LIFE INSURANCE APPLICATIONS
Inventors: J.V. Davies et al.
Docket No.: SAFCS121711

8 / 16

*FIG.8.*

9 / 16



FIG.9.

10 / 16

XYZLIFE INSURANCE - MICROSOFT INTERNET EXPLORER

FILE EDIT VIEW FAVORITES TOOLS HELP

BACK   FORWARD   STOP   REFRESH   HOME   SEARCH   FAVORITES   HISTORY   MAIL   SIZE   PRINT

LINKS »   ADDRESS HTTP://WWW.XYZLIFE.COM   GO

Application for < Insured >          228

240 — Health and Existing Policy Information

242 — Hospitalization — Within the past 90 days, has the proposed insured
been hospitalized?   O Yes   O No

244 — Health Information — In the past two years, has the proposed insured
been treated for: heart attack, stroke, coronary artery
disease, cancer, alcohol, drugs, or Acquired
Immunodeficiency Syndrome (AIDS) / AIDS-Related Complex (ARC)
by a medical professional?   O Yes   O No

246 — If either of the above questions is answered "yes" or left blank, or if
the requested amount exceeds $1,000,000, no premium may be collected and
no coverage is in effect under the Temporary Life Insurance Agreement.

248

FIG. 10.

Title:. ONLINE SYSTEM AND METHOD FOR PROCESSING
LIFE INSURANCE APPLICATIONS
Inventors: J.V. Davies et al.
Docket No.: SAFCS121711

11 / 16

XYZLIFE INSURANCE - MICROSOFT INTERNET EXPLORER

FILE EDIT VIEW FAVORITES TOOLS HELP

BACK FORWARD STOP REFRESH HOME SEARCH FAVORITES HISTORY MAIL SIZE PRINT

LINKS >> ADDRESS HTTP://WWW.XYZLIFE.COM GO

XYZ LIFE UNIVERSAL LIFE ILLUSTRATION

Initial Insurance Amount $ 250,000.00
Modal Premium $ 2,500.00
Target Premium $ 1,500.00
Seven Pay Premium $ 9,453.00
Guideline Annual Premium $ 3,196.00
Guideline Single Premium $ 35,789.00

View policy summary
and purchase policy

VIEW / PURCHASE   256

| Age | Year | Annual Outlay | 5% Current Account Value | 5% Current Net Surrender Value | 5% Current Net Death Benefit | 3% Guaranteed Account Value | 3% Guaranteed Net Surrender Value | 3% Guaranteed Death Benefit |
|---|---|---|---|---|---|---|---|---|
| 81 | 1 | $15,878.50 | $12,531.24 | $9,606.24 | $75,000.00 | $12,531.24 | $9,606.24 | $75,000.00 |
| 82 | 2 | $5,676.50 | $16,244.90 | $13,319.70 | $75,000.00 | $11,684.47 | $8,759.47 | $75,000.00 |

FIG.11.

250

252

254

Title: ONLINE SYSTEM AND METHOD FOR PROCESSING
LIFE INSURANCE APPLICATIONS
Inventors: J.V. Davies et al.
Docket No.: SAFCS121711

12/16

XYZLIFE INSURANCE - MICROSOFT INTERNET EXPLORER

FILE EDIT VIEW FAVORITES TOOLS HELP

BACK FORWARD STOP REFRESH HOME SEARCH FAVORITES HISTORY MAIL SIZE PRINT

LINKS >> | ADDRESS HTTP://WWW.XYZLIFE.COM ▼ GO

Application for <Insured>

Policy Premium and Product Summary ← 258

Product: XYZLIFE UNIVERSAL LIFE    Primary Insured: <Insured>

Insurance Amount: $500,000    Selected Premium: Quarterly $787.50

CHANGE PAYMENT ～259

Agent Information

Name: John S. Agent    Agent E-mail: JSA@InsuranceCo.com

Address: 123 Street    Agent ID No: 12-34-5678-90
Seattle, WA 98101

Phone: 206-123-4567

260

262

*FIG.12.*

13 / 16



*FIG.13.*

Title: ONLINE SYSTEM AND METHOD FOR PROCESSING
LIFE INSURANCE APPLICATIONS
Inventors:        J.V. Davies et al.
Docket No.:       SAFCS121711

14 / 16

**XYZLIFE INSURANCE - MICROSOFT INTERNET EXPLORER**

FILE  EDIT  VIEW  FAVORITES  TOOLS  HELP

BACK  FORWARD  STOP  REFRESH  HOME  SEARCH  FAVORITES  HISTORY  MAIL  SIZE  PRINT

LINKS »  ADDRESS  HTTP://WWW.XYZLIFE.COM  GO

Application for < Insured >                    290

Medical Authorization & Submit Application

To complete a review of your application, the insurance company may obtain
information from other sources.

By submitting this application, you authorize any licensed physician, medical
practitioner, hospital, clinic or other medical or medically-related facility,
insurance company, the Medical Information Bureau or other organization,
institution or person, that has any records or knowledge of you or your health,
to give such information to XYZLife Insurance Company or its reinsurers.

Do you agree to this authorization, and confirm under penalty of perjury
that you are the individual who is applying for insurance ?

294

NO (Discontinue)          YES (Submit)        296

292

**FIG.14.**

15 / 16                                    300

# Certificate

# of

# Temporary Insurance

## From XYZLife Insurance Company

### For

| | |
|---|---|
| Primary | PETER M. INSURED |
| Amount Applied For | $500,000 |
| Amount of Temporary Coverage | $250,000 |

Additional Term Rider:
Amount Applied For:
Amount of Temporary Coverage:

| | |
|---|---|
| Application Number: | AA3901009 |
| Annual Premium: | $3,150.00 |

XYZLife's Temporary Insurance Agreement provides
immediate life insurance coverage for the amount applied,
up to $225,000.  This guarantees coverage while your application
is underwritten, up to a maximum of 90 days.  Refer to the
Temporary Insurance Agreement for a complete
description of coverage.

*James R. President*

James R. President
President
XYZLife Insurance Company

## FIG. 15

16/16                                                    310

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## TEMPORARY LIFE INSURANCE AGREEMENT

**AMOUNT OF COVERAGE:**  If the Temporary Life Insurance questions have been answered "no" and if money has been accepted as advance payment for life insurance and the proposed insured dies while this temporary insurance is in effect, we will pay the beneficiary an amount equal to the lesser of:

(a)     the amount of all death benefits applied for with this application, including any accidental death benefits, if applicable; or

(b)     a maximum amount under all Temporary Life Insurance Agreements with XYZLife Insurance Company of $250,000.

**COVERAGE BEGINS:**  Life Insurance under this Agreement will begin on the date of this application, if Temporary Life Insurance questions have been completed and answered "no" and money equal to the first full premium has been accepted as advance payment for life insurance.

**COVERAGE ENDS:**  Life insurance under this Agreement will terminate on the earliest of:

(a)     90 days from the date of this Agreement; or

(b)     the date that insurance takes effect under the policy applied for; or

(c)     the date a policy, other than as applied for, is offered to the applicant; or

(d)     the date the Company mails notice of termination of coverage and a return of the payment to the applicant.

**LIMITATIONS:**

(a)     This Agreement does not provide benefits for disability.

(b)     Fraud or material misrepresentation in the application or in the answers to the questions of this Agreement invalidate this Agreement and the Company's only liability is for refund of the payment made.

(c)     If the proposed insured is less than 15 days old or more than 80 years old, the Company's liability under this Agreement is limited to a refund of the payment made.

(d)     If the proposed insured commits suicide, the Company's liability under this Agreement is limited to a refund of the payment made. (For citizens of Missouri, suicide is no defense unless we can show that the insured intended suicide when the application was completed.)

(e)     If the check or draft submitted as payment is not honored by the bank, there is no coverage under this Agreement.

(f)     No one is authorized to waive or modify the terms of this Agreement.

*FIG. 16*